

3761

41

Please type a plus sign (+) inside this box [+]

Patent and Trademark Office: U.S. Department of Commerce

0061/PTO/E
Rev. 10/95U.S. Department of Commerce
Patent and Trademark Office

AUG 23 2004

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of pages in this Submission

Application Number	10/062,176
Filing Date	January 31, 2002
First Named Inventor	Erkki Heinonen
Group Art Unit	3761
Examiner Name	Aaron J. Lewis
Attorney Docket Number	2532-00277

5+

5+

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication To Technology Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> RETURN RECEIPT POSTCARD
<input type="checkbox"/> Information Disclosure Statement/PTO-1449	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/		
<input type="checkbox"/> Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37.1.52 or 1.53		

Remarks

RECEIVED
AUG 26 2004
TECHNOLOGY CENTER R3700

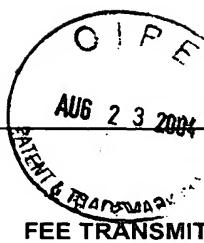
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name	Daniel D. Fetterley ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202
Signature	<i>Daniel D. Fetterley</i>
Date	8/19/04

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop - No Fee, P.O. Box 1450, Alexandria, VA 22313-1450 on the 19+7 day of August, 2004.

Typed or printed name	Daniel D. Fetterley		
Signature	<i>Daniel D. Fetterley</i>	Date	8/19/04



Approved for use through 10/31/2002

Patent and Trademark Office: U.S. Department of Commerce

PTO/SB/17 (8/96)	COMPLETE IF KNOWN	
Application Number 10/062,176		
Filing Date January 31, 2002		
First Named Inventor Erkki Heinonen		
Group Art Unit 3761		
Examiner Name Aaron J. Lewis		
Total Amount of Payment (\$)	Attorney Docket Number 2532-00277	

Applicant claims small entity status. See 37 CFR 1.27

METHOD OF PAYMENT (check one)	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 01.2000 Account Deposit Name Andrus, Sceales, Starke & Sawall, LLP	
<input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17	
<input type="checkbox"/> The Commissioner is hereby authorized to charge the issue fee and any additional fees required under 37 C.F.R. 1.18 to the above Deposit Account.. A duplicate copy hereof is enclosed.	
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other	

FEE CALCULATION (fees effective 10/01/96)	
1. FILING FEE Large Entity Small Entity Fee Fee Fee Code Fee Code Description Paid 1001 770 2001 385 Utility filing fee 1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee	
SUBTOTAL (1) (\$)	
2. CLAIMS Extra Fee from Fee Paid Total claims 20 - 21 = X = Independent Claims 1 - 3 = X = Multiple Dependent Claims X =	
Large Entity Small Entity Fee Fee Code Fee Code Description 1202 18 2202 9 Claims in excess of 20 1201 86 2001 43 Independent claims in excess of 3 1203 290 2003 145 Multiple dependent claim 1204 86 2004 43 Reissue independent claims over original patent 1205 18 2205 9 Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)	

SUBMITTED BY	
Name (Print/Type)	Daniel D. Fetterley
Signature	<i>Daniel D. Fetterley</i>

COMPLETE IF KNOWN	
Application Number 10/062,176	
Filing Date January 31, 2002	
First Named Inventor Erkki Heinonen	
Group Art Unit 3761	
Examiner Name Aaron J. Lewis	
Attorney Docket Number 2532-00277	
METHOD OF PAYMENT (check one)	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 01.2000 Account Deposit Name Andrus, Sceales, Starke & Sawall, LLP	
<input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17	
<input type="checkbox"/> The Commissioner is hereby authorized to charge the issue fee and any additional fees required under 37 C.F.R. 1.18 to the above Deposit Account.. A duplicate copy hereof is enclosed.	
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other	
FEE CALCULATION (fees effective 10/01/96)	
1. FILING FEE Large Entity Small Entity Fee Fee Fee Code Fee Code Description Paid 1001 770 2001 385 Utility filing fee 1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee	
SUBTOTAL (1) (\$)	
2. CLAIMS Extra Fee from Fee Paid Total claims 20 - 21 = X = Independent Claims 1 - 3 = X = Multiple Dependent Claims X =	
Large Entity Small Entity Fee Fee Code Fee Code Description 1202 18 2202 9 Claims in excess of 20 1201 86 2001 43 Independent claims in excess of 3 1203 290 2003 145 Multiple dependent claim 1204 86 2004 43 Reissue independent claims over original patent 1205 18 2205 9 Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)	
* Reduced by Basic Filing Fee Paid (\$) SUBTOTAL (3)	

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

RECEIVED
AUG 26 2004
TECHNOLOGY CENTER

AUG 26 2004